No. 2
-1-4-41
5-17-39
I X26390

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 3 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25230

Registration District No. 704 Primary Registration District No. 111 Registrar's No. 1600

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1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 006 17
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 7
(d) Street No. 1558 Louisville Ave.
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME John P. Carney
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nora Carney
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased March (Month) 5th (Day) 1885 (Year)

8. AGE: Years	Months	Days	If less than one day
57	4	20	..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Ireland 4 (State or foreign country)
10. Usual occupation Employee of City of St. Louis
11. Industry or business Streets & Sewers
FATHER
12. Name Unknown Carney
13. Birthplace ..... (City, town, or county) Ireland 4 (State or foreign country)
MOTHER
14. Maiden name Mary Corcoran
15. Birthplace ..... (City, town, or county) Ireland 4 (State or foreign country)
16. (a) Informant Mrs. Nora Carney
(b) Address 1558 Louisville Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-29-42 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway Blvd.
19. (a) JUL 28 1942 (Date received local registrar) (b) E. McBarron (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25th year 1942 hour 9 minute P.M. M.
21. I hereby certify that I attended the deceased from 6/21/42, 19..., to 7/25/42, 19...; that I last saw h. alive on 7/25/42, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebro Spinal Lues	—
Due to	
Due to C D C	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? .....
While at work? ..... (Specify type of place) (e) Means of injury .....
23. Signature Andrew G. Klem (M. D. or other) M.D.
Address 4632 So Grand Date signed 7/27/42

(Licensed Embalmer's Statement on Reverse Side)

Dr. A. G. Klein
Ka. 7475

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Edwin D M Dermatt

Licensed Embalmer No. 3024

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.